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*U.S. Government Printing Office: 1999 -- 459-072/19142

Application or Docket Number

Effective November 10, 1998													
			S FILED Column 1)		SMALL TYPE	ENTITY	OR		R THAN ENTITY				
F	OR		NUMBI	R FILED NUMBER I			EXTRA		RATE	FEE	7	RATE	FEE
В	ASIC FEE									380.00	OR		760.00
TO	OTAL CLAIMS		4	b minus	20=	= * 20			X\$ 9=		OR	X\$18=	360
INDEPENDENT CLAIMS 3 minus 3 = *									X39=	1	OR	X78=	
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* l1	the difference	in colu	mn 1 is	less than z	ero, e	enter "0" in	column 2		TOTAL		OR	TOTAL	112.6
	C	LAIM	S AS A	MENDE) - F	ART II			.077.2		_	OTHER	1120 THAN
			ımn 1)			Column 2)	(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	Phy 3.0	REM/ AF AME/A	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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MENDMENT B		REMA AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT C		REMA AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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*	f the entry in colu	mn 1 is le	ss than th	e entry in colu	mn 2,	write "0" in col	umn 3.	L	+130= TOTAL		OR	+260= TOTAL	
***	If the "Highest Nu If the "Highest Nu The "Highest Num	mber Pre	viously Pa	id For" IN THI	S SPA	CE is less tha	n 3. enter "3 "		DDIT. FEE			DDIT. FEE	

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/	434913	•
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		Total Fee	Calculatio	ם	•	
	Fee Cade	Total # Claima	Number Extra X	Fee	Fe: •	
Basic Filing Fee Total Claims >20 Ladependent Claims >3 Multi Dep Claim Present Surcharge English Translation	Sc./Lg. 201/101 203/103 202/102 204/104 205/105	<u>40</u> -20 = <u>3</u> -3 =	x	Sa. Eatiry	160 -	
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